



**Pediatric ICU
Croup**

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you ***do not*** wish to order ~~mark through~~

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

Weight in kilograms: _____

VITAL SIGNS:

- Vital signs every 1 hour
 Vital signs every 2 hours
 Vital signs every 3 hours
 Vital signs every 4 hours

ACTIVITY:

Activity as tolerated

DIET:

- NPO
 Clear liquids
 Regular diet for age

IV SOLUTIONS:

- Sodium Chloride 0.9% IV bolus 20 ml/kg = _____ ml x _____
 Sodium Chloride 0.9% IV infuse at _____ ml/hour
 Sodium Chloride 0.9% with **potassium chloride** 20 mEq/liter IV infuse at _____ ml/hour
 Dextrose 5% and Sodium Chloride 0.45% IV infuse at _____ ml/hour
 Dextrose 5% and Sodium Chloride 0.45% with **potassium chloride** 20 mEq/liter IV
 infuse at _____ ml/hour
 Dextrose 5% and Sodium Chloride 0.225% IV infuse at _____ ml/hour
 Dextrose 5% and Sodium Chloride 0.225% with **potassium chloride** 20 mEq/liter IV
 infuse at _____ ml/hour

MEDICATIONS:

- Dexamethasone (Decadron)** (0.5 mg/kg/dose) _____ mg/kg = _____ mg IV every 6 hours
 Methylprednisolone (Solumedrol) (1 mg/kg/dose) _____ mg/kg = _____ mg IV every 6 hours
 Other: _____

LABORATORY:

- Nasopharyngeal wash for viral studies
 Nasopharyngeal wash for culture

